

Opioid Addiction Treatment: An Overview

Indiana opioid addiction treatment programs provide services each year to approximately 9,900 persons¹, and the numbers receiving this type of treatment have been increasing. These programs are certified through the federal Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) Division of Pharmacologic Therapies and the Indiana Family and Social Services Administration Division of Mental Health and Addiction (DMHA). State laws, including IC 12-23-1-6 and IC 12-23-18, authorize DMHA to approve and certify opioid treatment programs (OTPs) and to implement rules pertaining to methadone diversion control. In this regard, DMHA conducts annual site visits of OTPs and requires providers to submit annual diversion control plans. A law passed in the 2006 Indiana General Assembly opened up the prospect of establishment of new OTPs in counties with populations of 40,000 or more in which there is no OTP (there are 29). DMHA has set up an application process which will approve only those applicants that have clearly established need for such a program in the county; have clearly established community support for the project; and which propose a strong clinical program to promote recovery.

Because the availability of opioid addiction treatment is growing in the State and because it utilizes a "drug to treat drug addiction," it is important that Indiana residents increase their familiarity with it and its effectiveness. There are many sources of information which can be accessed to become more informed about opioid addiction treatment, including SAMHSA/CSAT Division of Pharmacologic Therapies at <http://dpt.samhsa.gov/>, the American Association for the Treatment of Opioid Dependence (AATOD) at <http://aatod.org>, and the National Institute on Drug Abuse (NIDA) at <http://www.nida.nih.gov/>. There are also a number of physicians in Indiana who are extremely well informed about this mode of treatment, including the U.S. Department of Veterans' Affairs (VA) Hospital's Dr. Chris Suelzer and Indiana University School of Medicine's Dr. Andy Chambers.

Below you will find information assembled from the sources above and a few others, as well as some information about DMHA's involvement in this area. It is not intended to be "everything you wanted to know about..." opiate addiction treatment but will add to what you know about this important mode of treatment.

Opioid Addiction Treatment. Opioid treatment programs (OTPs) primarily utilize methadone in the treatment of opiate addiction, although buprenorphine and suboxone are effective in treating opiate addiction in many individuals. The lower cost of methadone is likely a main reason that methadone is used more often than the other drugs, and buprenorphine and suboxone use is increasing.

What is Methadone? What is it Used For? How is it Used? Methadone is a long-acting synthetic opioid agonist medication in use since the 1960's to treat heroin and other opiate addiction, including oxycodone. Methadone treatment is generally divided into two forms, methadone maintenance and methadone detoxification. The goals of

¹ Not including persons served through the Indianapolis Veterans' Administration Hospital

methadone maintenance treatment are to reduce illegal opiate use and the crime, death and disease associated with opiate addiction. The goal of methadone detoxification is to eliminate an individual's use of opiates. The principal behind methadone maintenance treatment is that persons who have used opiates for a considerable period of time (at least one year) and become addicted have modified their brain chemistry in what appears to be a permanent way, resulting in a need for an opiate agonist on a long-term basis to function well. Another principal is that some persons who become addicted to opiates had brain chemical deficits prior to their opiate addiction, and that these chemical deficits and resultant compromised (to varying degrees) brain functioning are improved with regular use of an opiate agonist as a medication. Used as a regularly prescribed medication, at the right dosage, methadone eliminates an addict's craving for opiates, reduces or eliminates illicit drug use and allows individuals to function well. At proper dose, methadone does not create euphoria, sedation or analgesia and has no adverse effects on motor skills, mental capacity, or employability. Dosing levels vary based on each patient's needs, and side effects, even from long term (20-30 years) use, have been found to be few.

Use of Methadone in the U.S. As of July, 2005, an estimated 115,000 persons were receiving methadone maintenance treatment (MMT) in the U.S., with over half treated in the States of New York and California. According to March, 2006, Substance Abuse and Mental Health Services Administration's (SAMHSA) Center on Substance Abuse Treatment (CSAT) data, only five States have no operating OTPs (Idaho, Montana, North and South Dakota and Wyoming), and there were approximately 2,000 OTPs operating in the other 45 States. Cost-benefit analyses have indicated savings of between \$4 and \$5 in health and social costs for every dollar spent on MMT in this country. When compared to cost of incarcerating addicts in the U.S. (\$20,000 to \$40,000 per year), MMT cost ranges between \$13,000 and \$20,000 per year, and is usually paid by the patient.

Indiana OTPs. As of July, 2006, there are 13 OTPs operating in the State of Indiana, 12 of which come under the oversight of DMHA. The 13th is operated by the VA and is located in Indianapolis on the campus of Indiana University-Purdue University Indianapolis (IUPUI). DMHA provides partial funding for two of the 12 OTPs, those operated by Midtown Community Mental Health Center in Indianapolis and Edgewater Systems for Balanced Living in Gary, and the other ten OTPs are operated by private companies.

What Oversight Is Maintained over OTPs? As indicated, because Opioid Treatment Programs (OTPs) oversee provision of controlled substances in the treatment of opiate addiction, both the federal government and State governments have responsibilities in this regard.

The Federal Government's Oversight Role. As of March 19, 2001, the Substance Abuse and Mental Health Services Administration (SAMHSA) is responsible for regulating OTP's (42 CFR Parts 8.11 and 12), and SAMHSA requires OTPs to obtain and maintain accreditation from an entity it has approved to fulfill this function. Accrediting organizations are expected to monitor OTPs in the provision of "state-of-the-art" opioid treatment geared toward patient outcomes. Federal certification based on accreditation is

granted for three-year periods at a time. Before federal OTP certification is issued, OTPs must obtain approval from the State Methadone Authority (SMA), the Drug Enforcement Administration (DEA) and the State's Controlled Substances Advisory Council and must comply with all pertinent State and local laws.

State Methadone Authority (SMA). The SMA is a role established by SAMHSA, and in Indiana, it is filled by the Indiana Family and Social Services Administration Division of Mental Health and Addiction (DMHA). Indiana's SMA is the Deputy Director for Addiction Services within DMHA, John Viernes, who is assisted by Assistant Deputy Director for Addiction Services Louise Polansky. The federal regulations governing establishment and operation of OTPs do not define how OTPs gain SMA approval, nor do they pre-empt States from enacting regulations "necessary to carry out their responsibilities regarding opioid treatment." While some States have prohibited establishment of OTPs, a number of States have put more stringent State regulations in place (e.g., West Virginia and Maine)².

What is the Responsibility of State Government Regarding OTPs? Although federal regulations do not define what is required of States to grant approval of OTPs, there are two Indiana laws which identify DMHA responsibility for opioid treatment programming and one State of Indiana regulation. Both of the State laws, IC 12-23-18 and Public Law 288-2004 and 2006, Section 191, are set to expire June 20 or July 1, 2008. DMHA is also responsible for certifying OTPs through our Certification and Licensure section, and regulation 440 IAC 4.4-2-1 (e) requires that in addition to a regular addiction provider certification, per IC 12-23-1-6 (4), OTPs must obtain specific approval by DMHA to establish an OTP and "must comply with 21 CFR 291, 42 CFR Part 8, and all other applicable federal laws, regulations and guidelines". The largest responsibility for approving OTPs lies with the SMA, as mentioned above, and in this capacity, the SMA works very closely with DMHA Certification and Licensure because of Certification and Licensure's addiction provider certification responsibility.

For More Information, see the resources identified above or contact Louise Polansky at Louise.Polansky@fssa.in.gov or 317-232-7841.

² Kentucky and Ohio have a similar number of OTPs to Indiana, at 11 and ten, respectively, but both are understood to maintain waiting lists, resulting in patients from both States coming to Indiana for methadone treatment.